Registered Support at Home Provider

Support at Home

Your easy guide to accessing aged care services.

Leora Healthcare Pty Ltd | ABN 93 118 260 156

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Leora.

"I'm very happy to have my support worker. She is like family to me... **She is a very lovely carer and she knows my needs**. She's very understanding, very caring and loving, and supportive."

- Radha

Leora aged care client

Hear more from Radha

Photo is a stock image

How aged care has changed

Our current aged care system is split across several programs, each with its own rules, budgets and services. For older people and their families, this can quickly become confusing, especially when care needs change over time.

Challenges with the Current System

- Complex rules and hard-to-follow processes
- Long wait times for Home Care Packages
- Unclear fees and inconsistent quality across providers
- Hard to adjust care as participant's needs change

Support at Home (SaH) replaced the **Home Care Packages** (HCP) Program and **Short-Term Restorative Care** (STRC) Programme on 1 November 2025, creating a single program for older Australians who want to receive care at home.

Understanding the Support at Home Program

Since 1 November 2025, aged care at home has changed to become:

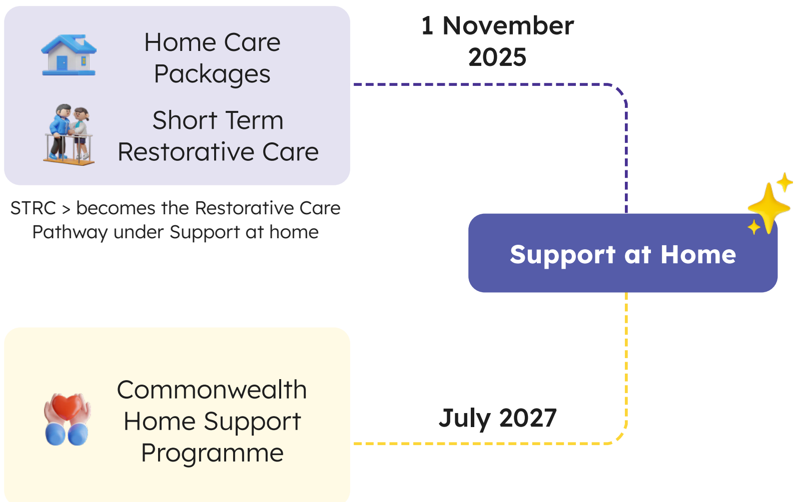
- One streamlined program instead of many
- Tailored services that follow your changing needs
- Faster access, easier to understand, and more control

Support at Home is designed to be:

- Simpler
- Fairer
- More flexible

What has changed under Support at Home?

- 1 November 2025 > Home Care Packages (HCP), Short Term Restorative Care and Transitional Care transitioned into Support at Home.
- No earlier than 1 July 2027 > Commonwealth Home Support Programme (CHSP) is expected to transition into Support at Home.



Ongoing Support Classifications

Each person entering Support at Home receives a comprehensive assessment through My Aged Care.

Every person approved for Support at Home is assigned a classification based on their assessed care needs.

There are eight (8) Ongoing Support classifications, each linked to a different level of care need and quarterly budget.

The funding amounts below are effective from 1 November 2025 and are subject to change through indexation.

Package Level	Level of care needs	Funding per quarter	Yearly government subsidy
1	Basic support	$2,682.75	$10,731.00
2	These levels are intended to match a person’s support needs, from low to higher intensity	$4,008.61	$16,034.45
3		$5,491.43	$21,965.70
4		$7,424.10	$29,696.40
5		$9,924.35	$39,697.40
6		$12,028.58	$48,114.30
7		$14,537.04	$58,148.15
8	Comprehensive support for high care needs	$19,526.59	$78,106.35

from the Support at Home program manual - A guide for registered providers, 15 September 2025

Your annual subsidy amount will be divided into four equal quarterly budgets, each covering three months of the year.

- For participants receiving ongoing services, up to **10% of each quarterly budget** will be set aside to cover care management.
- **There are no separate package management fees.** All costs are already built into service unit prices, so you only pay for the care you receive.
- If you don’t use your full budget in a quarter, you can move up to **$1,000 or 10%** of the quarterly amount (whichever is greater) into the next quarter for unplanned needs. Your budget will be held in an account managed by Services Australia.
- If you transitioned from HCP, you received an ongoing funding level equivalent to your previous package. If your care needs increase, you may be reassessed for a higher classification.

If you were approved for HCP before SaH began but were still waiting for funding, your place has carried over to the Support at Home Priority System. When a place becomes available, you’ll get the same level of funding you were approved for. You won’t need a new assessment unless your care needs change.

Where do you fit under Support at Home?

The government has introduced a **'No Worse Off' Principle**. This means if you're already receiving care before the transition, you won't pay more under Support at Home than you would have under the Home Care Package program.

Here's how the changes apply, depending on when you were assessed:

Category	Assessment Timing	Program Access	No Worse Off Principle?
Grand-fathered Group	Receiving, approved for, or assessed as eligible for HCP on or before **12 September 2024**.	Transition to **Support at Home** on 1 November	✔ Yes – protected from paying more **care contribution** under new model
Transitional Group	Assessed as eligible for HCP between **13 September 2024** and **31 October 2025**.	Start on **HCP** (if assigned before 1 November), then move to Support at Home	✘ No – may face higher fees under Support at Home
New Entrants	Assessed for SaH **1 November 2025**	Go directly to **Support at Home**	✘ No – standard Support at Home rules apply

Short-Term Care Pathways

In addition to the ongoing classifications, three short-term pathways are available under Support at Home:

Assistive Technology and Home Modifications (AT-HM) Scheme

For: products, equipment or changes that help a participant do things more easily or independently

- Examples include walking sticks, wheelchairs, bedpans, showerchairs, installing ramps, widening doorways
- Funding is available in needs-based tiers
  Low $500, Medium $2,000 and High $15,000, with higher funding possible in some cases.

Restorative Care Pathway

For: people who need short-term support to regain function

- Up to 16 weeks of allied health support, with option for 4-week extension
- Focuses on restoring strength after illness or injury
- Around $6,000 for up to 16 weeks.

End-of-Life Pathway

For: people near the end of life needing palliative care

- Designed for individuals with a life expectancy of three months or less
- Includes access to a fast-tracked assessment
- Around $25,000 for 12 weeks, which can be accessed for up to 16 weeks.

from the Support at Home program manual - A guide for registered providers, 15 September 2025

Eligible participants can access additional funding for these pathways without using their regular quarterly Support at Home budget.

Service Categories

For both ongoing and short-term classifications, funded aged care services will be grouped into three service categories.

1. Clinical Supports
2. Independence
3. Everyday Living

Below are examples of the supports you can receive under these three service categories.

Clinical Supports

Specialised services to maintain or regain functional and/or cognitive capabilities.

- Nursing care
- Diet or nutrition
- Allied health and other therapeutic services (e.g. physiotherapy, podiatry, occupational therapy, psychotherapy)

Independence

Support delivered to older people to help them manage activities of daily living and the loss of skills required to live independently.

- Assistance with self-care, including personal care.*
  *From 1 October 2026, eligible personal care services approved in a participant's SaH plan will be fully government-funded.
- Continence management (non-clinical)
- Social support and community engagement
- Transport
- Assistive technology and home modifications

Everyday living

Support to assist older people to keep their home in a liveable state, enabling them to stay independent in their homes.

- Shopping assistance
- Meal preparation
- General house cleaning
- Home or garden maintenance

What will I pay?

You'll only pay for the services you use, and no daily fees will be required. Most services will continue to be subsidised by the government. But for some supports, a contribution may apply depending on your income or the service category (e.g. Everyday Living services require a contribution even for a full pensioner). A financial assessment might be required to work out your share.

- Clinical supports are fully funded by the government. There's **no cost** to you.
- Independence services may require a **moderate contribution**. From 1 October 2026, eligible personal care services will move to the Clinical Supports contribution category and will have no out-of-pocket cost where approved in the participant's SaH plan.
- Everyday Living services generally have the **highest contribution** rates.

You can see examples in the table below:

	Clinical supports	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner	0%	Part pensioners and CSHC holders **will pay between 5%-50%** based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home	Part pensioners and CSHC holders **will pay between 17.5%-80%** based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home
Self-funded re-tiree (holding or eligible for a Com-monwealth Seniors Health Card - CSHC)	0%		
Self-funded retiree (not eligible for a Commonwealth Seniors Health Card)	0%	50%	80%

Important update: From 1 October 2026, eligible personal care services approved in a participant's SaH plan will be fully government-funded.

- Providers continue to set their own prices for SaH services. Prices must be reasonable, transparent and clearly explained.
- The government has paused the implementation of Support at Home price caps.

How to get started

Here are the steps you can expect when applying for Support at Home services.

1. Register with My Aged Care and screen your **eligibility**
2. Request an **assessment**
3. Develop a support plan with your assessor
4. You will receive a Notice of Decision letter and be placed in the **Support at Home Priority System**
5. Receive funding allocation
6. Find a provider to deliver Support at Home services
7. Enter into a Service Agreement with your provider

Eligibility

Support at Home is for older Australians who need help with daily tasks such as personal care, household chores or accessing health services.

You may be eligible if you:

- are 65 or older
- are 50 or older if you're Aboriginal or Torres Strait Islander, or if you're homeless or at risk of homelessness

If you were receiving HCP before SaH began, transition arrangements apply. You do not need a new assessment unless your care needs have changed.

Assessment

Assessments for care occur through Australia's new Single Assessment System and use the Integrated Assessment Tool (IAT).

The IAT helps assessors gather the information needed to understand your care needs and recommend suitable services.

There are 13 sections in the IAT that explores, including:

1. Assessment details
2. Reason for assessment
3. Carer profile
4. Medical and medications
5. Function
6. Behaviour
7. Physical, personal health and frailty
8. Social
9. Cognition
10. Psychological
11. Home and personal safety
12. Financial or legal
13. Support consideration

Priority System

Every applicant will receive a priority rating tier of **Urgent, High, Medium, or Standard**. Priority ratings will be automatically determined based on responses collected during your assessment, and the date it took place.

During longer wait periods, participants may receive an interim allocation, usually 60% of their full funding. The remaining 40% is allocated when funding becomes available.

Single Provider Model

Each participant will work with one registered provider responsible for delivering and managing all of your supports. You can still receive care from multiple providers, but your main provider should coordinate this.

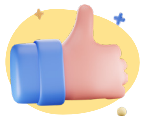
Your main provider is responsible for quality, compliance and outcomes under the Support at Home guidelines.

Once you have entered into a Service Agreement, your provider will:

- Assist you to complete income and assets assessment
- Work with you to develop a care plan and budget
- Conduct a Support Plan Review if your needs change

It's important to choose a provider you trust to coordinate your care with clarity, compassion and confidence. **Leora Healthcare can help you understand your options and take the next step.**

Trust is earned.
Here’s why families choose Leora.

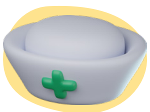


Experience

We’ve been operating for almost two decades, and we know there is no substitute for experience. Our mission is to empower people to live with dignity, confidence and peace of mind.

Dedicated Care Partner

Your Care Partner will work closely with you to meet your needs and achieve the best possible outcomes for you! We maintain a balanced Care Partner-to-client ratio to ensure we are focused on your needs.



Skilled Support

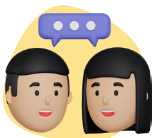
Leora has a team of Registered Nurses on staff to assist you. We provide regular training to support workers so they have the skills to support your every need.

Diversity

Our 700+ support workers speak over 50 languages and come from diverse cultural backgrounds. Your Care Team works to match support workers to you based on your support needs, culture, language and interests.

Strong Network

We have an expansive network of local providers such as physiotherapists, gardeners, meal kit deliveries and more! We won’t approve providers until you are 100% satisfied with your services and products.



Simple Communication

Customer service with kindness. We are easy to contact, and we respond promptly to all requests and questions.

Welcoming Community

Feel like you belong. From casual catch-ups to community events, you’ll always be part of something at Leora.

See our client reviews

Frequently Asked Questions

What do I need to do?

If you were already receiving HCP before SaH began, you do not need to reapply. Your services and funding transitioned to Support at Home, and you only need a reassessment if your care needs have changed. Leora can help you understand what this means for your care plan, budget and service agreement.

I'm an existing Home Care Package recipient; will I be required to pay the same fees when I transition to Support at Home?

- If you are a full rate pensioner paying no fees under your HCP as at 12 September 2024, you will never pay fees under Support at Home.
- If you were required to pay fees under your HCP as at 12 September 2024, the contribution rates may change but you will pay the same or less under Support at Home.
- If you are re-assessed after 1 November 2025, you will be allocated a Support at Home classification that is equivalent or higher than your current HCP package. The contribution amount you may contribute to the services you receive as part of the re-assessment may change, depending on the volume and type of services you'll receive.

What will happen to my unspent Home Care Package funds?

If you transitioned from HCP with unspent Commonwealth funds, these funds remain available under Support at Home. They can be used for assistive technology, home modifications or extra services once your quarterly budget has been used. No carryover limit applies to unspent Home Care Package funds.

Will I lose my current Home Care Package services or funding?

No. If you transitioned from HCP, you might have already received an ongoing funding level equivalent to your previous package. If your needs change, you may be reassessed for a higher SaH classification.

Will I need to pay for personal care?

From 1 October 2026, eligible personal care services approved in your Support at Home plan will be fully government-funded, provided you have available Support at Home funding. This means there will be no out-of-pocket cost for approved personal care from that date.

I'm an existing aged care client of Leora, will I need to sign a new service agreement?

If your agreement needs updating under Support at Home, your Leora Care Partner will guide you through your care plan, pricing and Service Agreement so your services can continue smoothly.

How do I apply for Support at Home?

Call My Aged Care on 1800 200 422 or visit myagedcare.gov.au to start your assessment. Once approved, you can choose Leora as your provider and we'll guide you from there.

What's the difference between Commonwealth Home Support Programme (CHSP) and Support at Home?

CHSP provides entry-level help for older people who need some assistance to stay at home. SaH provides higher levels of coordinated care, with eight ongoing classifications and short-term pathways for restorative care, end-of-life care, assistive technology and home modifications. CHSP is expected to transition no earlier than 1 July 2027.

How can I prepare?

Review your current care needs, keep relevant health and financial information handy, and speak with your provider about your care plan, budget, contributions and service agreement. Leora can help you understand your next steps.

Leora.

Caring For People
You Love